

279417
2018-471**Schmieding, Janice**

From: Rhofx Group LLC <rhofxgroupllc@gmail.com>
Sent: Monday, October 29, 2018 5:42 PM
To: Schmieding, Janice; drjkoyekan@gmail.com
Subject: UPDATE.....Request ONE YEAR Extension
Attachments: Compliance Deficiency Letter - Rhofx Group LLC DBA Southern Care Non-Emergency Medical Transport.docx

Good day ma'am.

My name is Julius Oyekan of Rhofx Group LLC. We have been working on obtaining a certificate to facilitate operation of a non-emergency medical transport service in the Florence, SC area. So far, our efforts have been held back because we have not been able to get a contractor to partner with. As a result of this, we are requesting a ONE YEAR extension of time to comply (kindly see attached for more details).

We hope this request is received favorably.

Best regards,

Julius Oyekan
For: Rhofx Group LLC
DBA: Southern Care Non-Emergency Medical Transport

Cell: 919-945-4011

ORDER ISSUED
7-26-18

Schmieding, Janice

2018-221T
279449 **POSTED**
OCT 29 18

From: Rhofx Group LLC <rhofxgroupllc@gmail.com>
Sent: Thursday, October 25, 2018 4:39 PM
To: Schmieding, Janice
Subject: Request Extension
Attachments: Compliance Deficiency Letter - Rhofx Group LLC DBA Southern Care Non-Emergency Medical Transport.docx

Good day ma'am.

My name is Julius Oyekan of Rhofx Group LLC. We have been working on obtaining a certificate to facilitate operation of a non-emergency medical transport service in the Florence, SC area. So far, our efforts have been held back because we have not been able to get a contractor to partner with. As a result of this, we are requesting an extension of time to comply (kindly see attached for more details).

We hope this request is received favorably.

Best regards,

Julius Oyekan
For: Rhofx Group LLC
DBA: Southern Care Non-Emergency Medical Transport

Cell: 919-945-4011

1151 Sherwood Dr.
Florence, SC 29501

RECEIVED
OCT 25 2018
PSC SC
CLERK'S OFFICE

SOUTH CAROLINA OFFICE OF REGULATORY STAFF

1401 MAIN STREET, SUITE 900 • COLUMBIA SC 29201



DATE: July 27, 2018

TO:
Rhofx Group LLC
DBA Southern Care Non-Emergency Medical Transport
1151 Sherwood Dr
Florence, SC 29501

FROM: Carole Chauvin –Transportation Department – Phone: 803-737-0578

CERTIFICATE TYPE: Non-Emergency ORDER # 2018-471 DATE OF ORDER: July 26, 2018 DEADLINE TO COMPLY: October 26, 2018

You must comply with the certification process within ninety (90) days from the date of the Order (listed above), or request additional time to comply with the Order. Failure to comply with the Order in either one of these ways may result in the authorization being revoked.

**YOUR CERTIFICATE CANNOT BE ISSUED FOR THE FOLLOWING REASON(S):
ONLY THE BOXES THAT ARE MARKED BY AN "X" APPLY TO YOU. IF THE BOX IS NOT MARKED BY AN "X" THAT MEANS YOU HAVE ALREADY MET THAT REQUIREMENT.**

IMPORTANT NOTE: YOU DO NOT HAVE TO COMPLETE THE REQUIREMENTS IN ANY PARTICULAR ORDER. FOR EXAMPLE, YOU CAN MAKE AN APPOINTMENT WITH THE ORS INSPECTOR BEFORE YOU PURCHASE INSURANCE OR PAY LICENSE DECAL FEES. YOU CAN PAY DECAL FEES FIRST, PURCHASE INSURANCE AND THEN CALL TO MAKE AN APPOINTMENT FOR AN INSPECTION. WHAT IS IMPORTANT TO REMEMBER IS THAT ALL THE REQUIREMENTS MARKED BY AN "X" MUST BE COMPLETED BEFORE A CERTIFICATE TO OPERATE CAN BE ISSUED.

☒ **VEHICLE INSPECTION AND RECORDS AUDIT PERFORMED BY ORS INSPECTOR**

Call Officer George Parker at 803-240-6248 to schedule an appointment. Enclosed is a document (YELLOW PAPER) that lists the Driver File and Vehicle Requirements for a Class C Non-Emergency Certificate holder. Please review this information carefully so you will be familiar with the requirements. It is provided to help you be prepared for your audit with the ORS Inspector. Before you call to make an appointment, make sure you have the appropriate documentation needed and the vehicle(s) ready for review and inspection.

☒ **INSURANCE LIABILITY (FORM E) in the certificated name: Rhofx Group LLC DBA Southern Care Non-Emergency Medical Transport**

Regarding the Insurance Form E, it can be mailed, faxed, or scanned and emailed to me:

S.C. Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, SC 29201

EMAIL: cchauvi@regstaff.sc.gov
FAX NUMBER: 803-737-0815

☒ **LICENSE DECAL APPLICATION FORM(S) AND FEE(S)**

Regarding the License Decal Application and Fee(s), to facilitate compliance, I have enclosed a license decal application. If you have more than one vehicle, you may make copies of the enclosed form. Please mail the completed application(s) with the appropriate fee(s), in the form of a money order, a cashier's check or a personal or company check to the address listed above. **NO CASH IS ACCEPTED BY MAIL AND IF YOU COME BY THE OFFICE TO PAY YOU MUST HAVE THE EXACT AMOUNT BECAUSE WE DON'T HAVE TO ABILITY TO MAKE CHANGE.**

☐ **OTHER:**